PROJECT NARRATIVE

Massachusetts State Response
Announcement Number HRSA-10-275
Catalog of Federal Domestic Assistance (CFDA) No. *93.505*

Section A. An Inventory of the Information or Data Currently Available to the State.

The Massachusetts home visiting needs assessment will identify communities at risk through using the significant body of knowledge that is readily available from state agencies and partner institutions. The needs assessment will incorporate statewide needs assessments and resource mapping activities completed recently by both state and local partners from previous initiatives. Strategic plans developed by the following agencies will be incorporated into the effort: Head Start, the Department of Early Education and Care (DEEC, the State's child care agency), the Department of Elementary and Secondary Education (DESE), the Department of Children and Families (DCF, the State's child protective agency), the Children's Trust Fund (CTF, the state Title II of CAPTA agency), and the Department of Public Health's (DPH) Bureau of Substance Abuse Services (BSAS).

As outlined in the federal legislation, resources have been identified for each of the components in order to identify communities with concentrations of:

(i) Premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health:

- Massachusetts Community Health Information Profile (MassCHIP): Massachusetts Department of Public Health (Version 3.0) [Software]. Data sets used with MassCHIP:
  - Linked Births/Deaths (Vital Records) ICD 10 (2008): Infant Mortality Rates, Neonatal Mortality Rates, Post Neonatal Mortality Rates
  - Births (Vital Records) ICD 10 (2008): % Prematurity, % Low Birth Weight, % Very Low Birth Weight, Teen Birth Rate
  - Population File: Census Counts 1990, Inter-censal and Post-censal Estimates (2005): Teen Birth Rate
- *Massachusetts Births 2008*. Boston, MA: Division of Research and Epidemiology, Bureau of Health Information, Statistics, Research, and Evaluation, Massachusetts Department of Public Health. March 2010.
  - Maternal Mortality Ratio
  - Pregnancy-Associated Mortality Ratio
- Pregnancy to Early Life Longitudinal Data System (1998-2007).

(ii) Poverty:

- US Census Bureau (2000). Massachusetts Community Health Information Profile (MassCHIP): Massachusetts Department of Public Health (Version 3.0) [Software].

(iii) Crime:

- The FBI collects data through the Uniform Crime Reporting (UCR) Program. MA law enforcement agencies that participate forward their crime data to the state UCR. Extensive data are available on various kinds of property and violent crime by city and town.

- MA Crime Reporting Unit, MA State Police: Uniform Crime Reports, Commonwealth Fusion Center
- Crime policy briefs from the MA Executive Office of Public Safety and Security, Office of Grants and Research, Research and Policy Analysis Division

(iv) Domestic violence:

- 2009 MA Youth Risk Behavior Survey (MYRBS) and MA Youth Health Survey (MYHS) conducted by the MA Department of Public Health in collaboration with the MA Department of Elementary and Secondary Education (ESE). The surveys assess the health of youth in grades 9-12 (MYRBS/MYHS) and 6-8 (MYHS) and include questions regarding domestic violence, witnessing domestic violence, sexual contact against one's will, and physical abuse by a partner or date.
- Statewide data from the Pregnancy Risk Assessment Monitoring Surveillance Report (PRAMS) that documents the prevalence of physical abuse and intimate partner violence among recently pregnant women.

(v) High rates of high-school drop-outs:

- MA Department of Elementary and Secondary Education, Information Services: Statistical Reports and drop-out data from their Data Analysis and Reporting Unit
- Poor performing schools: MA Department of Elementary and Secondary Education, Planning, Research, Evaluation & Accountability Reporting Unit.

(vi) Substance Abuse:

- Substance Abuse, DPH Funded Program Utilization (2008). Massachusetts Community Health Information Profile (MassCHIP): Massachusetts Department of Public Health (Version 3.0) [Software]. Statistical data from the Bureau of Substance Abuse Services, Office of Statistics and Evaluation, and Tobacco Control Program
- Behavioral Risk Factor Surveillance Survey (2008). Retrieved: Massachusetts Community Health Information Profile (MassCHIP): Massachusetts Department of Public Health (Version 3.0) [Software].
- Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.
- MA State Epidemiology Profile of Substance Abuse Consequences and Consumption Patterns Strategic Prevention Framework (2007)
- Bureau of Substance Abuse Services Strategic Plan (2005)

(vii) Unemployment:

- MA Executive Office of Labor and Workforce Development and Division of Unemployment Assistance (DUA). The DUA makes publicly available data on labor force, employment, unemployment and unemployment rates the 3rd Friday of every month.

(viii) Child maltreatment:

- MA Department of Children and Families (DCF) data from the Information Technology Unit on unduplicated counts of children ages 0-8 years by MA city/town who were the subject of a Child Abuse and Neglect Report and unduplicated counts of children ages 0-8 years by MA city/town who were the subject of a Supported Report.
- MA Department of Children and Families (DCF) Annual Area Office Profiles (2009)

Massachusetts will also collect data on the following additional components:

- *Lead poisoning*: MA Department of Public Health. Childhood Lead Poisoning Prevention Program.
- *Asthma rates*: MA Department of Public Health Asthma Prevention and Control Program, Massachusetts Community Health Information Profile: *Hospitalizations due to Asthma, Hospital Discharges (UHDD).* 25 June 2010; MA Department of Public Health, Division of Health Care Finance and Policy. Uniform Hospital Discharge Dataset System (UHDDS).
- *Health Professional Shortage Areas (HPSA's)*: HRSA's Health Professional Shortage Areas by state and country examining primary medical care, dental, and mental Health.
- *Poor-performing schools*: MA Department of Elementary and Secondary Education (MDESE) Planning, Research, Evaluation & Accountability Reporting; *Framework for District Accountability and Assistance 2010-2011*. 6 May 2010; MDESE *Level 4 Schools: Information for Parents and the Public.* 1 June 2010; MDESE *Level 4 schools: Frequently Asked Questions.* 2 March 2010.
- *Access to childcare*: MA Department of Early Education and Care (EEC)'s access to childcare reports.
- *Head Start program profiles*: Head Start Program Information Reports (PIR)

Many other resources are available to the state from an array of information-gathering efforts already complete or underway. These include:

- The MA Department of Public Health MCH Block Grant Comprehensive Needs Assessment completed in July 2010. This needs assessment includes statewide top ten MCH priorities, performance measures, and outcome measures for the next five years.
- MassHealth Managed Care Healthcare Effectiveness Data and Information Set (HEDIS) 2009 Report measuring the 1) identification of alcohol and other drug services and utilization of substance abuse services by MassHealth members who were identified as needing these services, 2) timelines of the initiation of prenatal care, 3) frequency of on-going prenatal care, and 4) percentage of women who had a timely postpartum visit.
- HEDIS 2008 report including the:1) rate of well-child visits for infants, young children and adolescents, 2) childhood immunization status 3) children and adolescents' access to primary care physicians, and 4) use of appropriate medications for people with asthma.
- The MA Department of Early Education and Care (EEC)'s Birth to Three Task Force initiative produced a strategic plan and state inventory in 2009. The Birth to Three Task Force established a statewide birth-to-school-age strategy to ensure the healthy development of children, particularly those from low-income families. The state inventory gathered information through phone interviews and inventory forms. It was completed by more than 40 programs at 7 state agencies serving children birth to age 6 years and their families. Notably, this inventory provided a snapshot of home visiting services available statewide.
- The Project LAUNCH statewide scan and Boston citywide scan that were completed in March 2010. These scans identified gaps in the state's early childhood service system for children from birth to age 8 years.
- The Early Childhood (ages 0-5 years) Behavioral Health strategic plan of the Executive Office of Health and Human Services' Young Children's Interagency Working Group. This plan was crafted in 2008 by a group of early childhood experts from multiple state agencies.
- The MA Early Childhood Comprehensive Services (MECCS) project completed a statewide

early childhood needs assessment in 2004 that assessed the need for services for young children and their families. MECCS collected information from a variety of reports conducted by other cross systems working groups and utilized a framework based on critical risk factors to develop a matrix detailing existing services and gaps.

- The data collection and resource mapping exercise conducted in 2006 by Thrive in 5, a school-readiness initiative of the City of Boston and United Way of Massachusetts Bay and Merrimack Valley. This resource-mapping project identified and surveyed programs and services for young children and their families in Boston and included census data analysis to better understand Boston's young children and the adults raising them.
- Numerous data and other resources are also available online via websites such as MassResources.org, BostonResourceNet.org, Mass211.org (an information referral line), and other state agency sites.

The home visiting needs assessment will also include a survey of existing capacity for home visiting in MA, as well as an assessment of the state's capacity for providing substance abuse treatment and counseling services. This process is underway with members of the Massachusetts Home Visiting Workgroup (described below) compiling a list of current home-visiting programs in Massachusetts. The Bureau of Substance Abuse and Services (BSAS) within the DPH is providing data on the state's capacity to provide treatment and services for families with substance use disorders.

Section B. Discussion of Gaps in the Currently Available Information.
Several gaps in the data currently available were identified through the recent process of information-gathering:

(i) Premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health: Very low numbers were found for the maternal mortality ratio and the pregnancy associated mortality ratio limit the stratification that can be performed at the city and regional levels.
(ii) Poverty: Data is outdated and based on census data from 2000. The MA Department of Transitional Assistance provides monthly snapshots of TAFDC, EAEDC, SSI, and Food Stamps recipients. However, they do not capture households of undocumented immigrants and their citizen children. MassHealth or WIC enrollment data may be proxies for poverty indicators as they both require income documentation. Healthy Start and the Children's Medical Security Plan (administered by MassHealth) include undocumented immigrants and may provide information on undocumented families. The 2010 Census data will be used as soon as it is available.
(iii) Crime: Many cities and towns in Massachusetts do not report crime data.
(iv) Domestic Violence: Domestic Violence data are sparse, specifically at the city, town or regional level. MassCHIP has no data regarding domestic violence. The Massachusetts Youth Risk Behavior Survey (MYRBS) and the Massachusetts Youth Health Survey (MYHS) data provide statewide estimates only and cannot be broken down by city, town, or region.
(v) High rates of high-school drop-outs: No gaps identified.
(vi) Substance abuse: No gaps identified.
(vii) Unemployment: Data by city are unavailable by race, ethnicity, gender, and age. Unemployment data are also not seasonally adjusted.
(viii) Child maltreatment: No gaps identified.

Section C. Discussion of State's Capacity to Locate, Gather and Assemble Information.
To locate, gather, and assemble the data as required by the needs assessment, the state has convened an impressive, multidisciplinary and interagency team to conduct the research. The team includes members with extensive backgrounds in epidemiology, biostatistics, health care, maternal and child services, child welfare, early childhood education, and home visiting. This team is assisted by PhD and Masters-level interns. The team has been meeting weekly to develop a methodology for data collection, share results, and address challenges. This team is guided by, and reports to the Home Visiting Workgroup which includes staff from DPH, DEEC, DCF, CTF and Massachusetts Head Start. The specific role of the Workgroup is to develop a work plan and timeline for the needs assessment, develop and complete a survey of existing home visiting programs in Massachusetts, and summarize all findings for the needs assessment.

The expected obstacles to the data collection are minimal; most of the data necessary to assemble a comprehensive needs assessment are readily available. However, the team has chosen to stratify data by geographic region using the 351 MA cities and towns and not all the currently available data for the required components are broken down in this manner. The research team expects some lag time in stratification data requests from some state agencies. Despite the need for these requests, the research team is confident that comprehensive data collection and quality analysis will be completed and performed in a timely manner.

Section D. Discussion of How State Title V MCH Needs Assessment will be Coordinated with Home Visiting Needs Assessment.
The team responsible for the needs assessment data collection and analysis will ensure that the process is coordinated across state agencies and organizations. The team has solicited copies of the State Title V MCH Block Grant Needs Assessment and invited several of the staff who worked on the 2010 MCH Block Grant needs assessment to participate in the home visiting needs assessment. In addition, an MCH specialist and staff member at DPH is devoted to researching the existing capacity of home visiting in MA, as well as collecting the strategic plans and needs assessments of Head Start, the Department of Children and Families (DCF), the Children's Trust Fund (CTF), the Department of Elementary and Secondary Education (DESE), and the state's Bureau of Substance Abuse Services (BSAS). The major barrier to ensuring that the data collection process is coordinated is related to the relatively short timeframe in which the process must be completed, reviewed and agreed upon by state agency partners.

Section E. Description of the State's Approach to Conducting the Needs Assessment.
(a) Data Collection: MA will examine data from all available sources regarding maternal and child health needs in the state including: vital statistics data, survey/surveillance data, programmatic data, and public safety data. This comprehensive array of socioeconomic, behavioral and health indicators will be selected based on guidance provided in the Funding Opportunity Announcement and taking into consideration the unique characteristics of the MA MCH population.

Whenever possible, data for each identified health indicator will be stratified by geographic region using the 351 MA cities and towns. The cities/towns will be rank ordered from highest to lowest risk on each identified indicator. When data are not available by city/town level (e.g., school drop-out rates, which are analyzed by school district), the available subunits will be mapped to the city/towns that best represent that area. To standardize the rank ordering process so that scores can be added and compared across indicators, the following process will

be employed based a methodology previously used successfully by DPH in conducting a community needs assessment. For each indicator, ranking intervals will be constructed by dividing the magnitude of the range of values into 100 equal categories. Communities that fall into the lowest category will be assigned a rank value of 1 and communities that fall into the highest category will be assigned a rank value of 100. Other communities will be ranked accordingly based on their positions on the respective categories for each indicator. For each community, individual rank values from all indicators will be added to determine a final community ranking. Data for each indicator also will be mapped to visually demonstrate geographic regions with the greatest need.

This statewide community ranking system will be used to examine regional disparities in health status and will be combined with information on existing home visiting services to identify the regions with the greatest need for this intervention.

(b) Collaboration: Massachusetts will ensure effective and efficient collaboration of stakeholders and partners through an organized process involving multiple state agencies. DPH, in consultation with the Executive Office of Health and Human Services (EOHHS) and the Executive Office of Education (EOE) has convened two separate groups to guide the needs assessment process, The Massachusetts Home Visiting Task Force and the Home Visiting Workgroup. Together, they will collaborate to identify priorities for the state's home visiting priorities and to analyze the data necessary for the needs assessment.

Home Visiting Task Force

The Home Visiting Task Force is co-chaired by the Commissioner of Early Education and Care (EEC) and the DPH Medical Director. The role of the Task Force is to provide overall direction and guidance of the needs assessment process, including reviewing materials prepared by the Workgroup and DPH, and making recommendations to the Secretaries of EOHHS, EOE and the Governor on program models and components of a comprehensive statewide plan based on the statewide needs assessment. This will include recommendations for appropriate data collection and maintaining systems. To provide this level of leadership, the Task Force is comprised of senior level representatives from the state Title V Agency (DPH), which includes the Bureau of Substance Abuse Services (BSAS); the state welfare agency (Department of Transitional Assistance - DTA); the state child protective agency (Department of Children and Families - DCF); the state Head Start Collaborative represented by the DEEC; the Children's Trust Fund (CTF) which is the state Title II of CAPTA; the state Medicaid agency (MassHealth), and secretariat representation from the Executive Office of Education (EOE) and the Executive Office of Health and Human Services (EOHHS). At the first meeting of the Task Force, all members committed to writing letters of support (attached to this document).

Home Visiting Workgroup

In addition to the Task Force, DPH has convened a Home Visiting Workgroup chaired by the Title V Director who is also the Director of the DPH's Bureau of Family Health and Nutrition to be responsible for data collection and analysis, the survey of existing programs, and assessment of evidence-based and promising national and state home visiting models. The Workgroup will develop a work plan and timeline for the needs assessment, develop and complete a survey of existing home visiting programs in Massachusetts, summarize all findings for the Task Force,

and develop draft recommendations for the Task Force. The Workgroup includes staff from DPH, which includes BSAS, DEEC, DCF, CTF and Massachusetts Head Start.

Community Partner Engagement
To ensure community partner engagement, the Workgroup is providing multiple opportunities for public input into the needs assessment process by inviting community partners with expertise and experience in home visiting to share their insights. The first of several "listening sessions" was well attended, demonstrating wide interest and support in promoting home visiting programs in Massachusetts. In addition, the Workgroup is planning an all-day Home Visiting Summit. Representatives from national home-visiting models will present their evidence-based home visiting models and will discuss their models with the Workgroup and Task Force. The Home Visiting Summit also will include a panel of evaluators with experience in the home visiting arena, who will respond to questions about how different models have been evaluated, what constitutes and evidenced-based programs, what models are most strongly associated with which outcomes, and which models may be more effective in different populations. They will be a valuable resource in the planning phase of the program.

(c) Coordination: To ensure coordination with other statewide and community-wide needs assessments, the leadership of the Task Force and Workgroup has requested that state and community partners share copies of recently completed community needs assessments, environmental scans, and community surveys to include in the current Home Visiting Needs assessment. This has proven an effective method of gathering information and findings from prior research.

(d) Sign Off: All required parties including the Title V Agency (DPH), the Title II of CAPTA (CTF), the Head Start Agency represented by the DEEC, and the single state agency for substance abuse, the Bureau of Substance Abuse Services (BSAS), which is within DPH, attended the first Task Force Meeting. Letters of support are attached.

Section F: Anticipated Technical Assistance Needs.
DPH has the required capacity to complete most components of the needs assessment due September 1, 2010. However, based on our initial research, crime statistics are not consistently reported across all communities. Technical assistance on what additional indicators could be used as proxies for crime levels within specific communities would be helpful to the needs assessment process.

Once this assessment is submitted, DPH anticipates the need for technical assistance to consider how national models not currently implemented in Massachusetts could be developed in Massachusetts to complement existing programs and create a comprehensive system of home-visiting for at-risk communities and populations.

Section G: Intent to Apply for a Grant for HV Services.
DPH, the state Title V agency, has been designated by the Governor through the Executive Office of Health and Human Services (EOHHS) as the entity that will administer these funds. The DPH intends to apply for grant funds on behalf of the Commonwealth that would enhance our capacity to deliver evidence-based maternal and early childhood home visiting services to eligible families. Home visiting services will promote improvement in maternal health, infant

health and child health and development, parenting, school readiness, and economic self-sufficiency and will reduce child abuse, neglect and injuries. Our vision is to create a statewide system that would include multiple evidence-based models of care and match the strengths of the respective models to the specific needs of a community or population within a community.

The goals of this home-visiting program are well-aligned with many of the MCH state priorities identified through the recent Title V MCH Needs Assessment process. These include:

- Promoting emotional wellness and social connectedness for families including mothers, fathers and their children across the lifespan,
- Improving the health and well-being of women in their childbearing years,
- Reducing unintentional injury,
- Expanding medical home for all populations,
- Supporting reproductive health plans for all adults, and
- Improving access to data and analytic capacity.

These priorities were selected within the context of two public health frameworks that guide maternal and child health efforts in Massachusetts: *the life course model* of maternal, paternal, child and adolescent health which posits that a complex interplay of biological, behavioral, psychological, and social factors impact health outcomes across the span of a person's life; and the *health equity model* that underscores how health disparities exist at both the individual and population level due to differential access to economic opportunities, community resources and social factors.

Funds made available through the Maternal, Infant and Early Home Visiting grant will be distributed either through Interagency Service Agreements (ISA's) with other state agencies or in contracts given directly to community-based agencies through a competitive bidding process. DPH manages and operates numerous vendor contracts through its Purchase of Service Office which operates in compliance with strict state purchasing standards regarding competitive procurement, fiscal accountability, and program performance monitoring.

Massachusetts will examine data from all available sources that contain information regarding maternal and child health needs in the state, including but not limited to: vital statistics data, survey/surveillance data, programmatic data, and public safety data. Whenever possible, data for each identified health indicator will be stratified by geographic region using the 351 Massachusetts cities and towns. The communities will be rank ordered from highest to lowest risk on each identified indicator. This statewide community ranking system will be used to examine regional disparities in health status and to identify the communities with the greatest need for new or expanded home visiting services.

The Workgroup is conducting a survey of all Massachusetts-based home visiting programs to identify the scope of services provided across the state. The survey will gather information on program funding sources; goals; characteristics of population served including eligibility criteria and community; services provided; qualifications of home visitors; training provided to home visitors; supervision structure; average caseload; onset, duration and frequency of visits; percent of families enrolled prenatally; annual cost per family; description of key services and whether these are voluntary; data collection; whether there are waiting lists; accreditation by national organization; affiliation with national model; quality assurance plan; known gaps in community services; and outcomes measured through an evaluation. Once this list is compiled, this will be matched against needs to identify statewide gaps in services. Once needs and services are mapped, the Workgroup will summarize and present the statewide needs assessment data and the survey of Massachusetts home visiting programs to the Task

Force. In addition, the Workgroup will summarize information on multiple national evidence-based home visiting models using federally approved definitions. The Task Force will select the models that best meet the needs of our state, and make recommendations to the Secretary of EOHHS, who will present final recommendations to the Governor.

In addition to reviewing both state and national models, DPH and members of the Workgroup will consult with national evaluators from multiple academic and independent institutions to review the most recent evidence of effective home visiting models of care. These may include evaluators from Chapin Hall, University of Chicago, Center for Youth Violence Prevention, principal investigators from the Child and Family Policy and Program Evaluation at Tufts University, the Director of the Center on the Developing Child at Harvard University, and the Executive Director from the Coalition for Evidence-Based Policy.

The DPH, Workgroup and Task Force will use this information to inform the process of selecting the most appropriate national and state models of care with the strongest evidence of efficacy to implement a statewide system of home-visiting for the Commonwealth's most vulnerable populations.

Home Visiting Program Funding Process

The DPH will assure that funding priority will be given to serving both low-income families and families living in communities identified through the needs assessment process as being the most at-risk for poor maternal, infant and child health and development outcomes. DPH in collaboration with the Task Force and Workgroup, based on Federal guidance, will articulate clear criteria for models that meet a definition of being evidence-based. Each entity providing home visiting services will be required to verify that their services are delivered according to the evidence based home visiting model that they implement. This will be accomplished through contract requirements, which will include both annual site visits and consistent data collection and reporting requirements. DPH will ensure that participation in all funded home visiting programs is voluntary by requiring that all agencies develop clear protocols for describing the voluntary nature of their program and offer a consent form, which participants may voluntarily sign and informing participants that this consent for services can be withdrawn at any time.

DPH will submit an annual report to the appropriate federal agencies to describe program development and activities, and to highlight accomplishments and address challenges. DPH will participate and cooperate with any data and information collection needed to complete a program evaluation as required within the legislation section 511(g)(2) that will include an analysis of the indicators of maternal and infant health and mortality and other research and evaluation activities carried out under section 511(h)(3). Massachusetts does not currently receive funding through the ACF funded Evidence-Based Home-Visiting grant.

DPH, as the designated lead agency for the statewide needs assessment, in collaboration with the Workgroup and Task Force, will assure that the population served and service delivery models will match the identified needs of high risk communities and sub-populations within these communities. The delivery models selected will conform to required criteria, including that they have been in existence for at least 3 years and are research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institute of higher education that has comprehensive home visiting program standards and have shown positive maternal, infant and child health and development outcomes as specified in the legislation in section 511(d)(3)(A) of the Act and forthcoming HHS guidance.

Establishing quantifiable and measurable benchmarks for assessing the effectiveness of home visiting programs will be one of the first tasks undertaken by the DPH in collaboration with an advisory group that will include members of both the Home Visiting Task Force and Workgroup that were established to guide the initial needs assessment and selection of program models. To facilitate this discussion, the DPH will contract with an outside evaluator established in one or more institutes of higher education to consult with the advisory group on setting benchmarks based on the initial needs assessment. Once the quantifiable and measureable benchmarks are established, DPH will work closely with all funded state agencies and community partners to provide guidance and technical assistance in establishing these benchmarks at the program level.

Massachusetts supports many federally and state funded voluntary home visiting programs throughout the state. These include programs with a primary focus on maternal, child and infant health; programs focused on preventing child abuse and neglect; and programs focused on supporting school readiness.

- The state Title V state-federal partnership supports the Early Intervention Partnership Program (EIPP) in eight high-risk communities serving pregnant and parenting families;
- Early Intervention (EI) funding through Part C of IDEA, provides state-wide, integrated, developmental home-based services to families with children ages birth to 3 years;
- A Helping Hand and FRESH Start are ACF funded programs providing home-visiting to pregnant women with substance use disorders and substance-exposed newborns and their families; and
- FOR Families, funded by the state Department of Housing and Community Development provides home visiting to homeless families housed in temporary shelter.
- The Children's Trust Fund (CTF), as the Title II CAPTA agency, provides a nationally accredited Healthy Families home visiting program to first time pregnant and parenting mothers and fathers aged 20 years and younger.
- The Boston Healthy Start Initiative and Worcester Healthy Start Initiative, funded by HRSA/MCHB, provide a wide range of home-based services to pregnant and parenting families in Boston and Worcester, communities with high disparities in perinatal outcomes.
- The federally funded Massachusetts Early Head Start program provides comprehensive child development and school readiness home visiting services in communities with poor educational outcomes.

In addition, there are multiple home visiting programs supported by municipalities, private funding, and grants administered by cities, towns and community-based organization that promote home visiting for pregnant and parenting families.